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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

ON THE PHYSICAL DIAGNOSIS OF PULMONARY PHTHISIS.*

BY AUSTIN FLINT, M. D., LL. D.

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I propose this morning, as I have already intimated, to devote my lecture to the diagnosis, and chiefly the physical diagnosis, of pulmonary phthisis.

For the purpose of clinical study, we may conveniently arrange cases of phthisis in four groups, the distribution being based upon anatomical differences:

The first group will embrace those cases in which the phthisical affection is small in amount.

The second group will embrace cases in which there is a moderate phthisical affection.

The third group will embrace cases in which the phthisical affection is considerable or great.

The fourth group includes cases in which the phthisical affection has advanced to the stage of excavation.

As regards the first of these groups, we have lately had an

*A Clinical Lecture, delivered at Bellevue Hospital, December 4, 1884.

excellent opportunity to study the physical signs, the history, and the symptoms. I have recently presented here two cases in which the phthisical affection was quite small. In one of these, you may recollect, the patient was a young girl, and the other patient was a young man. It so happened that in these two cases the small phthisical affection was situated in different sides of the chest, in one on the right and in the other on the left side. These patients have now left the hospital.

In connection with these cases I gave an account of the physical signs and also those diagnostic points relating to the symptoms and previous history on which the diagnosis of a small phthisical affection is to be based. I will briefly recapitulate these, as follows:

The existence of cough, which at first was slight; the cough at first dry, and after a time a certain amount of expectoration, the latter at first small, and consisting simply of mucus; progressively the cough increasing, the expectoration becoming more abundant, assuming the character of ordinary bronchitis; the occurrence frequently (not in all cases) of hemoptysis; more or less impairment of muscular strength and diminution in weight; a certain degree of pyrexia; increased frequency of the heart's action; occurrence of chilly sensations, and sometimes pronounced chills; perspirations, not always preceded by febrile paroxysms; increased frequency of the respirations, out of proportion to the frequency of the heart's action, and the occurrence, from time to time, of "stitch pains," referred to the upper part of the chest.

These are the more important diagnostic points relating to the symptoms and previous history.

The physical signs are dullness on percussion at the summit of the chest, on either the right or left side, making due allowance for the difference between the two sides in health, there being slight dullness, relatively, in health over the right upper part of the chest; broncho-vesicular respiration, or sometimes great feebleness of the respiratory murmur, recollecting that on the right side, as compared with the left, the respiration is

somewhat broncho-vesicular in health, and somewhat weaker than on the left side; increase of vocal resonance, making allowance for the normal difference between the two sides, the vocal resonance being invariably greater on the right than on the left side in health.

These are the direct signs, and we are next to seek for certain signs which I am accustomed to distinguish as accessory signs, which may or may not be present, namely, subcrepitant or moist râles; perhaps a true crepitant râle; a pleuritic friction sound found within a circumscribed space at the summit of the chest; an abnormal transmission of the heart-sounds in the infraclavicular region.

We have been accustomed heretofore to base the diagnosis in cases of incipient phthisis on the presence of more or less of the foregoing diagnostic points pertaining to the history, symptoms, and physical signs.

And now I am to mention a very important diagnostic test available in cases in which there may remain more or less of doubt in reference to the diagnosis. I refer to the presence in the matter of expectoration of the *bacillus tuberculosis.* Since the summer of 1882 I have obtained microscopical examinations of the sputa in a large proportion of the cases that have come under my observation in private and in hospital practice. These examinations have been made by Dr. William H. Welch, by my clinical assistant, Dr. William H. Flint, by Dr. Betts, formerly house physician of the third division of this hospital, and by Dr. Herman, now house physician, and by Dr. Reginald Sayre, now senior assistant in the third division of the hospital.

During this period the number of examinations that have thus been made in cases coming under my own observation has been large, and I should not be surprised if my experience in this direction at this time was as great as that of any other.

And now as to the conclusion, based on my own experience, respecting the value of the presence of the bacillus in pulmonary phthisis: I have been led to place more and more reliance upon this characteristic diagnostic test. I could recite not a few

cases in which the history, symptoms, and physical signs failed to furnish sufficient ground for a positive diagnosis, but in which the presence of the bacillus was ascertained, the subsequent history showing that the disease was phthisis.

Here let me remark that we must not be satisfied that phthisis does not exist from the absence of the bacillus in a single examination of the sputum. A negative result in a single examination may be considered as a ground for the presumption that phthisis does not exist; but in order positively to exclude the disease, repeated examinations should be made with a negative result.

In connection with the two cases of incipient phthisis to which I have referred, and which have been brought before you, I was able to exhibit a morbid specimen illustrative of this disease in its incipiency. In this case the patient entered the hospital and died from ulcerative endocarditis. The chest was examined before death, and physical signs found indicative of a small phthisical affection. The sputa were not examined for bacilli. After death there were found near the apex of the right lung several tuberculous nodules of about the size of an American walnut; at the apex of the left lung there were two or three similar nodules of smaller size. Rarely are we able to obtain a specimen illustrating so well as this the morbid anatomy in incipient phthisis.

I have stated, gentlemen, repeatedly my belief in the self-limitation of phthisis in a certain proportion of cases, and that in some instances the affection commences, makes but little progress, and ends by limitation. In these cases the physician, if he have made the diagnosis of phthisis as based on the symptoms and physical signs, infers from the recovery of the patient that he had fallen into a diagnostic error; but in more or less of these instances I believe the diagnosis was correct, and the patient recovered in consequence of the self-limitation of the disease. The local conditions which are essential for the development, growth, and multiplication of the parasite may become speedily exhausted, and the parasite consequently dies.

We may apply to these cases the language of Scripture in the parable of the "Sower and the Seed": "Some fell upon stony places, where they had not much earth, and forthwith they sprung up, because they had no deepness of earth; . . . and because they had no root they withered away."

The correctness of the belief that in a certain proportion of cases phthisis ends by limitation, after having made but little progress, may be tested by means of the evidence of existence or non-existence of the disease as afforded by microscopical examinations of the sputa. If in cases of supposed incipient phthisis the existence of the disease have been determined positively by the presence of the tuberculous bacilli, and after recovery the disappearance of the bacilli be ascertained, we shall then have proof positive of the correctness of the belief which I have expressed. Cases of early termination in recovery by self limitation, as proved by this test, have not come under my observation since I have been accustomed to obtain microscopical examinations of the sputa for bacilli. That I shall be able to report such cases at some future time I do not doubt.

I shall now introduce several cases illustrative, first, of a moderate phthisical affection; second, of a considerable or large affection; and, third, of the disease advanced to the formation of cavities.

In the cases to be presented there is no difficulty in determining the existence of phthisis. The diagnosis is easy, if a fair knowledge of the clinical history of the disease and its physical signs be assumed. But the diagnosis in cases of phthisis comprehends much more than the recognition of the disease. Is the affection moderate, or considerable, or large? Is there evidence of cavities? Is the disease actively or slowy progressing, is it stationary, or is it retrogressing? Has the tuberculous disease ended, and do only the structural changes incident to the disease remain? These are important points of inquiry to be determined in individual cases by means of the symptoms and the physical signs.

I proceed to introduce successively seven cases of phthisis, with reference especially to the physical signs, and I shall offer in connection with the facts in each case such remarks as may suggest themselves. These seven patients I have examined, and I have noted the physical signs which my examinations revealed.

CASE I. *A moderate phthisical affection not actively progressing.* (Rose W.) In this case there is deficient superior costal movement of respiration in front on the left side. On this side, at the summit in front, the respiratory sound is extremely feeble —so feeble that its characters are not determinable. Simply feebleness of the respiratory murmur, taken in connection with other signs, and limited to the upper part of the chest on one side, is diagnostic of phthisis. The vocal resonance at the left summit is greater than on the right side—the reverse of the normal disparity between the two sides. The association of this sign with feebleness of the respiratory sound renders the latter sign diagnostic of phthisis. On the right side, at the summit in front, the respiratory sound is notably vesicular. Behind, over the left scapula, the respiratory sound is broncho-vesicular, but the vocal resonance is greater on the right side. This apparent incongruity is not uncommon. The explanation is, the solidification of the posterior portion of the upper lobe, although sufficient to give a broncho-vesicular respiration, is not sufficient in degree to abolish the relatively greater vocal resonance at the right summit in health. There are no râles.

This is a case of a moderate phthisical affection. An examination of the sputa shows bacilli. The affection is not actively progressing. The physical signs afford evidence that the affection is moderate in amount; the absence of râles and the general condition of the patient denote absence of activity; the aspect of the patient is not morbid; she is not emaciated nor feeble. The appetite and digestion are fair; she has little or no pyrexia, and the heart's action is but little increased in frequency.

CASE II. *A moderate phthisical affection not actively progressing.* (Mary L.) I ask this patient to speak in order that you

may perceive that her voice is hoarse. It has been so for two months. Let me remind you of a statement in my last didactic lecture, namely, a chronic laryngitis (which the hoarseness indicates), if not syphilitic, is probably tuberculous, and as a rule certainly a tuberculous laryngitis implies pre-existing pulmonary phthisis.

In this case there is moderate dullness on percussion at the summit of the chest on the left side. The respiratory sound is here broncho-vesicular. The vocal resonance, however, is greater on the right side. The explanation of this apparent incongruity is the same as stated in connection with the preceding case. Behind, over the left scapula, the respiration is broncho-vesicular, and the vocal resonance greater than on the right side; but the voice-sound is not bronchophonic. An occasional subcrepital râle is heard behind. The sputa of this patient contain a few bacilli.

This case, like Case I, illustrates a moderate phthisical affection not actively progressing. The patient, as you see, has not a morbid aspect; she is not feeble; she has little or no pyrexia; her appetite and digestion are good.

Case III. *A phthisical affection not actively progressing, with cavity, and an obstructed primary bronchus.* (F. D.) In the case of this man there is considerable depression together with deficient superior costal respiration on the left side in front. In that situation the resonance on percussion has a cracked-metal and an amphoric intonation. The respiratory sound is extremely feeble over the whole of the left side in front. The vocal resonance is increased, but it is not bronchophonic. On the right side the respiratory sound is vesicular and evidently intensified. Behind, over the whole of the left side, as in front, the respiratory sound is extremely feeble. There are no râles.

Here is an instance of weakened respiratory sound over the whole of one lung from obstruction of the primary bronchus on that side. The probable cause of the obstruction is an enlargement of a bronchial gland so situated as to press upon the bronchus. This is not a very uncommon cause of ob-

struction in cases of phthisis. In at least one case which has come under my observation, the fact of the obstruction being due to this cause was ascertained autopsically.

Bacilli are found in this case. The absence of the signs of solidification and of râles, conjoined with the general symptoms, shows that the disease in this case is not actively progressing.

The obstruction of a primary bronchus in cases of phthisis occasions a degree of want of breath on exercise out of proportion to the amount of pulmonary damage incident to the phthisical affection.

Notable improvement in this case has taken place since the patient entered the hospital. The patient acts as a ward helper, and, as you see, his appearance hardly denotes any important disease.

Case IV. *Phthisis advanced to the formation of cavity, the disease not actively progressing.* (D. W.) In this case, percussion gives cracked-metal resonance in the right infra-clavicular region, near the acromial extremity of this region. Bear in mind the method of obtaining this cavernous sign on percussion, namely, striking a single blow with more than the usual force, the ear being brought close to the open mouth of the patient.

Over the cavity the respiratory sound is cavernous; around the cavity the respiratory sound is broncho-vesicular. The vocal resonance is intense but not bronchophonic. The superior costal movements of respiration are diminished. Behind, over the upper scapular space, the respiration is cavernous, and in the lower scapular space it is broncho-vesicular. No bronchophony any where. In this case the phthisical affection is not actively progressing. The result of an examination for bacilli is not noted.

This case suggests remarks, first, on the cavernous respiration, and second, on the distinction between bronchophony and increased vocal resonance. More than thirty years ago I pointed out the distinctive characters of the cavernous respiration

in a prize essay published in the Transactions of the American Medical Association. I repeat these characters now, as I have done already more than once. The inspiratory sound is non-vesicular, non-tubular, and low in pitch; the expiratory sound is non-tubular and lower in pitch than the sound of inspiration. I have reiterated these characters in all my writings relating to physical exploration of diseases of the chest during the past thirty years. Nothing can be simpler than these characters of the sign, and there is no sign the distinctive characters of which are more reliable. A respiratory sound with the characters just stated is a cavernous respiration, and is never aught else than the sign of a cavity. Its distinctive characters may be demonstrated not only clinically but by artificial respiration in lungs with cavities removed from the body. They may also be illustrated by a very simple mechanical contrivance outside of the body, as I have demonstrated in my didactic course. No physical sign rests on a firmer basis than this. Yet, after the lapse of thirty years, its distinctive characters are not fully recognized either in this country, in England, or in France.

The Germans ignore a cavernous respiration altogether. Following Skoda, they consider the cavernous and the bronchial respiration as identical, the latter to be regarded as representing a cavity when associated with certain other signs. Now, with a knowledge of the characters of the cavernous respiration, it is impossible to confound it with the bronchial. The characters of the inspiratory and the expiratory sound in the two signs differ entirely in pitch and quality—in the bronchial the sounds being high and tubular, and in the cavernous low and non-tubular. Not infrequently the two signs are to be found in close proximity to each other. This is when a cavity is surrounded by solidified lung. It may be found that moving the pectoral extremity of the stethoscope an inch, or even less, the auscultator passes from the cavernous to the bronchial respiration.

The time must come, eventually, when the distinctive characters of the cavernous respiration will be universally recognized.

In the case before us, over the cavity the vocal resonance is intensified, but the transmitted sound of the voice is not bronchophonic. I believe that the voice transmitted through a cavity never has the distinctive characters of bronchophony. If bronchophony be heard over a cavity, the characters of the voice are, as I believe, derived not from the cavity, but from adjacent solidified lung. The distinctive characters of brochophony are to be borne in mind. They are concentration, nearness to the ear, and a high pitch; whereas, simply increased vocal resonance is a greater or less increased intensity of the resonance, the distinctive characters of bronchophony being absent. The vocal resonance may be so intensified as to be painful to the ear if the binaural stethoscope be used, without any bronchophonic characters, and, on the other hand, in bronchophony the intensity of the sound may not be increased, intensity not entering into the distinctive characters of the sign.

Case V. *A considerable phthisical affection, laryngitis.* (F. C.) There is dullness, on percussion, in this case, at the summit of the chest, in front, on the left side. In this situation there is a feeble, high-pitched expiratory sound, no inspiratory sound being appreciable. The vocal resonance is greater on the right side. The whisper is bronchophonic. There are subcrepitant râles.

Behind, at upper part of the chest, on the left side, the respiratory sound is almost *nil*. Over the middle and lower thirds the respiratory murmur is vesicular and feeble. The voice is bronchophonic over the left scapular region.

These signs show a considerable extent and degree of solidification at the upper part of the left lung, especially at the posterior portion. Cavernous signs are wanting. The voice is husky.

Case VI. *A considerable phthisical affection advanced to excavation, and actively progressing.* (A. W.) At the summit, on the left side, the chest is depressed and the respiratory movements are diminished. In this situation percussion gives a loud, cracked-metal intonation. The respiratory sounds are drowned

in coarse, bubbling, low-pitched râles. The lowness of pitch denotes cavity, taken in connection with the cracked-metal resonance on percussion.

Below the cavity the respiratory sound is broncho-vesicular, and accompanied by high-pitched, moist bronchial râles. The high pitch denotes solidification.

Over the cavity the vocal resonance is intense, but not bronchophonic. Around the cavity there is distinct bronchophony.

Behind, over the left scapula, the respiration is bronchial, and accompanied by high-pitched, moist râles. Below the scapula the respiration is broncho-vesicular and accompanied by high-pitched, moist râles.

At the summit of the chest, on the right side, the respiration is broncho-vesicular, and here, also, there are high-pitched, moist râles.

The extent of the solidification in both lungs, together with the diffusion of bubbling râles, shows a large and progressive phthisical affection. The symptoms have the same significance. This is the only one of the cases in which the patient is confined to the bed. He is feeble and emaciated. He has considerable pyrexia, and a hectic flush on the cheeks is now apparent. The sputa contain bacilli in abundance.

Case VII. *Phthisis of long standing, either non-progressing or progressing very slowly.* (S. D.) This patient has been in Bellevue Hospital for the past four years. He had had cough for the four years prior to his admission to the hospital. It is fair to conclude that the phthisical affection has existed for eight years.

There is notable dullness on percussion, in front, over the whole of the right side of the chest. Taking the connection of this sign with other signs into account, the dullness is attributable to a thickened pleura.

In the infra-clavicular region percussion gives a cracked-metal and an amphoric resonance.

In this situation we have a fine example of the cavernous respiration.

Over the cavity the vocal resonance is intense. It is moderately increased below the cavity.

Behind, over the right scapula, the voice is somewhat bronchophonic.

The respiration is vesicular over the left side of the chest.

A few bacilli are found in the sputa.

Here is an instance of a cavity, evidently of considerable size, with but little solidification either in its neighborhood or in any other situation. The latter fact accords with the history and symptoms in showing that for a long time the phthisical affection has made little if any progress. The patient now suffers chiefly from the effects of the disease, that is, from the pulmonary lesions which this disease has occasioned, and not from any active tuberculous process.

This man, as you see, is over fifty years of age. He has not a morbid aspect. From his appearance you would hardly regard him as an invalid. He makes himself useful as a helper in the hospital.

This case is one of not a few cases that have come under my observation in this institution during the last twenty-four years, which, were they reported as specimen cases (after the fashion of reports from some health resorts) might be made the ground for a claim that Bellevue Hospital is a good sanitarium for cases of phthisis! I do not, of course, assert this claim. Nor do I claim that these cases exemplify the success of any special medicinal treatment, although, doubtless, remedies have been of service. The cases are of interest as illustrative of the self-limitation of the disease under external circumstances which can not be considered the most favorable; or, using language in conformity with the parasitic doctrine of phthisis, the internal local conditions for the multiplication of bacilli are diminished, and the generations of the parasite diminish in proportion or die out.

EMMET'S BUTTON-HOLE OPERATION.*

BY THEOPHILUS PARVIN, M. D.

Professor of Obstetrics and Diseases of Women and Children, in Jefferson Medical College.

Gentlemen: The first patient presented to you to-day is Mrs. B., upon whom you saw me perform Emmet's "button-hole operation" just one month ago. She was brought to the hospital more than two months since, suffering with cystitis and urethritis. Let me remind you of the history then presented: She was twenty-seven years old, had given birth to two living children, and shortly before the middle of the last pregnancy, which ended eight months before her admission, was attacked with cystitis. From this disease she continued to suffer, and the only relief she could get from violent straining and severe pain in passing water was by taking morphia in large doses. Examination of the urine showed that it contained a notable amount of pus; examination by sight of the external orifice of the urethra revealed purplish, protruding mucous membrane, and the urethra as well as the neck of the bladder were sensitive to vaginal digital touch; very sensitive, too, when a sound was introduced through the urethra into the bladder.

You remember that the treatment first pursued was rest, milk diet, and twice a day washing out the bladder with a warm potassic chlorate solution. The amendment, in more than a month, under this treatment, was so slight that I thought it advisable to do the operation referred to. Those who were near at the time of the operation saw very plainly the protrusion of the swollen mucous membrane lining the urethra, through the incision. Fine catgut was used to stitch the urethral to the vaginal mucous membrane, the stitching being done for the purpose of preventing irritation from the urine, which now escaped through this new channel, and also to secure prompt healing, and to

*A Clinical Lecture, delivered in the Jefferson College Hospital, Dec. 9, 1884.

guard against contraction of the opening. At first the relief was very decided, as I now believe in part from the local bleeding which occurred in the cutting, but in a week or so she was nearly as bad as before. Examination showed me that I had not got perfect healing of the opening—probably from failure to use as many stitches as were needed—and that at one or two points there were prominent pieces of mucous membrane which partially blocked up the opening. These were snipped off with the scissors, and iodine and glycerine applied freely to the adjacent urethral mucous membrane. For a day or two there was no improvement, but since then it was constant, until for some days there has been no pain in passing urine, no irritability of the bladder, no pus in the urine—in short, the patient is well. She will now go to her home in the interior of the State this week. There she will continue daily washing out the bladder, of course introducing the nozzle of the syringe through the new opening, a much wiser and safer method for self-injection than if the instrument had to be introduced by the external meatus. She will be careful to use cosmoline freely about the artificial opening and over all the surface of the vagina with which the urine may come in contact. Nature has abundantly supplied with sebaceous glands those parts of the external generative organs which this fluid ordinarily touches, but the vagina has no such glands, and therefore the necessity for this application.

She will return after three or four months, if she chooses, and have this artificial urethro-vaginal fistula closed. Dr. Emmet tells me that the relief which many of his patients have from the operation is so great and the inconvenience from the new opening so slight, for you remember the retentive power of the bladder is not in the least interfered with, that they neglect to return.

The suffering which this poor woman has endured, and from which she is now, I trust, permanently relieved, has been very great. If you had seen her, as I have several times, in the ward crying with severe pain—and she is a patient woman, she belongs to a race usually enduring pain well, she is a German—

you could understand something of the greatness of this burden she bore for fifteen months.

Amenorrhea. The second patient now shown you is a girl, nineteen years old; and I want you to observe her general form, her feebleness of movement, the weariness and languor of expression, and above all her complexion, hardly "green and yellow," but very far from clear. There is no blush of health upon her cheeks, and as you look at her lips you find scarcely any difference of color between the mucous membrane and the adjacent skin. A few questions will be asked her, and of her aunt, who is with her—the poor girl is an orphan—and then some remarks will be made as to her condition and its treatment after she withdraws. From these questions we learn that she gets out of breath at slight exertion, has palpitation of the heart, and is unable to endure any fatigue, or engage in her ordinary work. Since twelve years of age she has been working ten hours a day, weaving.

The patient having withdrawn, I may state to you the reason for her being brought to the hospital. She has amenorrhea. Menstruation began when she was seventeen years old, but has always been scanty, and frequently one or two periods are missed. She has not been unwell now for three months, and her aunt, thinking that this failure of function is the cause of her other ailments, asks that something may be done to make her "regular."

You have strikingly illustrated in this case the effect of mode of life—a life of hard work without proper hygienic surroundings—in delaying puberty. Ten hours a day hard work, breathing, doubtless, an unhealthy air during that work, insufficient if not improper food, want of fresh air and sunshine, have so hindered the development of this girl that it was not until she was seventeen years old nature could afford even an imperfect unfolding of her sexual organs. Possibly you noticed the flatness of her chest, the very slight prominences formed by the mammary glands; the imperfect development of the mammæ corresponds with the imperfect evolution of internal sexual organs. By the

way, too, possibly some of you observed the very prominent abdomen; it looked as large as that of a woman five months pregnant. But there is no pregnancy in the case, the distension is altogether tympanitic—want of tone in the abdominal walls, and in the muscular coat of the intestines—want of tone, want of power here, as elsewhere, throughout the system.

Do you not read in the condition of this poor girl the vengeance that nature is taking for the wrongs done her in past years? Professional attention has been frequently directed to the injury done girls by the severities of school training, in the number and difficulty of studies crowded into that period of transition from girlhood to womanhood when nature is making provision for the continuance of the race, so that an imperfect womanhood so commonly results. But important as it is for the attention of physicians, of teachers, and of parents, to be directed to this great evil, I am not sure but there is a field of equal importance for the physician and the philanthropist to look after in the homes of the poor in our great cities, where the daughters are compelled to work hard too early in life; and hence so often among them a delayed or an imperfect puberty. This girl, under favorable circumstances, ought to be at this time strong, healthy, and able to enter successfully the battle of life, but she is temporarily disabled because she entered it too soon.

Shall we take the aunt's interpretation of the failure of menstruation, and give this girl some of the so-called emmenagogues, thinking that if we got a periodical flow from the womb, all other ailments would marvelously, if not magically, disappear? Few, if any of you, so read the case and would advise such treatment. We put the cart before the horse, using a familiar comparison, when we look at the amenorrhea as the cause, for it is the consequence of disease. This girl does not menstruate—the external blood flow being the external sign of vastly more important processes in ovaries and uterus—because she can not afford to; nature has enough to do to keep her alive; enough to do to take care of the individual, without providing for the race. It would be a misfortune for this girl to be in a

position in which pregnancy could be a possibility, for if it was to occur only an inferior product would result, and possibly the mother's life be sacrificed. But the probability is, even if the opportunity were present, nature would not let her become pregnant, the life of the ovaries so languishing that no ovule ripens, the uterus so bloodless that its mucous membrane is not built up into a nest for an impregnated ovule.

But what can be done to restore this girl's health? Work, overwork has, in great measure, brought her into her present wretched state; and suppose we try the reverse, give her rest. Her heart, when she is standing, beats at the rate of 110 a minute; and if all our hearts "are beating funeral marches to the grave," this heart is beating far too rapid a march. Now, if we have her go to bed, lie still there, we slow this excessive action, and we save so much waste. I think the germ of the rest-cure of disease, with which the name of a distinguished Philadelphia physician is associated, and who has done so much to establish its method and rules and prove its value, was in the teaching of the late Prof. Samuel Jackson, of the University of Pennsylvania. How well I remember, when a student of the University more than thirty years ago, hearing this eloquent teacher exclaim in one of his lectures, "Gentlemen, there are hundreds of volumes written upon exercise as a therapeutic agent, but not one upon rest;" and then he would detail cases under his own care in which he had successfully made use of rest in their treatment.

While this patient rests in the hospital she will be fed chiefly with milk, and, so far as convenient, at intervals of four hours. Massage, also, will be used, and iron will be given, but only in small doses and in such form as will not offend the stomach. In a few weeks, under this treatment, there will be almost certainly a marked improvement in her general condition. Her blood—this liquid flesh which feeds all parts of the body—giving nutriment to brain and bone, to muscle and tendon, to nerve and cartilage, to all constituents of the body, will be a new, a rich blood, instead of the miserably impoverished material that now can scarcely color her lips. After a while, as this poetically-

termed red river of life sweeps along all shores and bears to every part appropriate food, it will awaken the ovaries from their torpor so that ovules will again ripen and be discharged, and under the stimulus of ovarian activity, or associated with that activity, the uterus will receive a more generous supply of blood, so that those changes which occur in its mucous membrane are renewed and the periodical hemorrhage which occurs in the absence of impregnation, and which is called menstruation, is restored. In this case I am quite sure that the best practice is to take care of the patient, and let the amenorrhea take care of itself, at least for the present. But do not, from this case of amenorrhea, conclude that all other cases of the disorder are to be similarly treated. Some of them may require apiol, others iron, or aloes and iron; still others the permanganate of potassium; others, again, the cantharidal tincture, or local depletion, and thus on through divers and diverse therapeutic means.

Retro-Uterine Tumors. The next patient to be presented is a woman, thirty-two years old, married and the mother of three children. She is said to have been at the hospital dispensary some two or three months ago, and an examination by Dr. Morris revealed a probable tumor posterior to the uterus, the nature of which I have been requested by herself and by her husband to determine. I have made no examination, and therefore do not know that there is any tumor at all; still less, supposing it to exist, do I know its character. The answers made by the patient to a few questions satisfied me as to what it was not. Before she is brought in for examination, let me say a few words to you on the subject of retro-uterine tumors. I take for granted that none of you will mistake a retroverted or a retroflexed uterus for a tumor behind the uterus, as the diagnosis of these displacements has been very fully presented in recent lectures and illustrated by cases. Nor will you commit the error of mistaking a stercoral tumor for one of a permanent character, for in making this examination you would be sure to have the rectum completely emptied, if necessary, by an enema, as a preliminary step. I said a moment ago that I knew what this

alleged tumor was not. First, it is not a hematocele. This name is given to an encysted effusion of blood, usually in the peritoneal cavity, and from the effusion generally sinking to the most dependent part of the peritoneal sac, that is, Douglas' cul-de-sac, frequently spoken of as retro-uterine hematocele. In the first place this is a rare affection, occurring only once in about one hundred and thirty of cases of diseases peculiar to women. The chief causes are the rupture of a varicose vein, or veins, or of an extra-uterine gestation cyst, the reflux of menstrual blood from the uterus in case of atresia of the genital canal; possibly, too, of even stenosis of the uterine canal, or spasmodic closure of the canal and rupture of the blood-vessels of neo-membranous formations occurring in peritonitis. The subjects of this disorder have generally been out of health, suffering from pelvi-peritoneal inflammation or menstrual disorder—either amenorrhea or menorrhagia. When the hemorrhage occurs there is usually a sudden attack of severe pain in the lower part of the abdomen and in the pelvis. If the quantity of blood poured out be great, there will be the evidences of sudden loss of blood, such as exhaustion, frequent and thready pulse, the face is pale and the patient may have syncope.

There is no history of any attack of this kind, and therefore it is justifiable to say that in this case there is no hematocele. But may not the tumor be the result of pelvi-peritonitis, or of pelvi-cellulitis, affections much more frequent than hematocele? Indeed, pelvi-peritoneal inflammation is so common that more than one half of women suffer with it at some period of their lives. Thus, Aran, in the course of eighteen months making post-mortem examinations of fifty-three women, found that twenty-nine had had the disease, as shown by peritoneal adhesions. My own belief is that this form of inflammation is much more frequent than that involving the connective pelvic tissue. A tumor posterior to the uterus is one of the most characteristic features of the disease in many cases. And very often, I am sorry to say, the nature of this inflammatory exudation is misapprehended; indeed, a complete error in diagnosis committed,

so that the tumor is thought to be a displaced uterus, and efforts made to replace the organ, which, of course, are not only vain but also most injurious. But this patient could give me no history of pelvic inflammation, remote or recent, and therefore this hypothesis must be rejected.

May not the tumor be a fibroid of the posterior wall of the uterus? If so, it will be hard, inelastic to the touch, also be almost or quite insensitive; if it be a sub-peritoneal fibroid it may be irregular in form and it will move as the uterus is moved, unless it has acquired great size, and hence is wedged into the pelvic cavity, or unless adhesions have taken place.

But I will not occupy your time with any other hypotheses, as the patient has been brought into the room.

Greatly to my surprise and, for the moment, disappointment, though probably not to the patient's, there is no tumor now to be found, whatever may have been present three months ago. I do, however, discover that the uterus is very much enlarged, and, as the patient has been taken out, I may say that, considering she has now missed three periods, the probability is that she is pregnant, though she stated to me that none of the sympathetic disorders of the supposed condition are present.

Muriate of Cocaine as a Local Application in Vaginismus. The next patient is married, but for some months past has suffered so severely from vaginismus that coition has been impossible. I have made no examination, but Dr. Morris has; and he states that so strong is the contraction of the vaginal sphincter it is impossible to introduce the finger into the vagina without difficulty and causing severe pain. He is desirous of trying the effect of the new local anesthetic, the muriate of cocaine. As this remedy has been so successfully used in other departments of the hospital, it is quite proper, nay, almost essential, that the gynecological department should, if possible, present illustrations of its value. The doctor will now apply a four-per-cent solution of the drug to the vaginal orifice, and while waiting its effect, which will be complete in ten minutes, a few words may be said upon the subject of this disorder.

The form of vaginismus with which you will most frequently meet is that involving the vaginal sphincter. It was very well described in a paper presented to the London Obstetrical Society several years ago by our eminent countryman, the late Dr. J. Marion Sims, though he was by no means the first to observe it and to describe cases of the disorder. The application of sedatives to the vulvar and vaginal canal, gradual or abrupt dilatation, division of the sphincter and incision of the so-called perineal body, are among the means that have been resorted to for its cure. I need not mention the use of anesthetic inhalations; for example, etherizing the patient, as has been done in this country, and as still advised by an eminent authority. Undoubtedly it will be a great gain if the muriate of cocaine accomplishes all that Dr. Morris anticipates from it.

The causes of this variety of the disease are many, such as sensitive tumor of the urethral meatus, vaginal fissures, etc., but in many cases there is no local disorder explaining the spasm, and then it is spoken of as a pure neurosis.

There may be a vaginismus affecting not the sphincter but the canal itself, caused by contraction of the levator ani. I need hardly remind you of the origin and insertion of this muscle, and show you that its strong contraction will narrow the vaginal canal. Elsewhere I have recently shown that we must go back at least two centuries to find the first description of this disorder, so that upon this subject we are not so very much wiser than were some physicians in the sixteenth century. In medicine we have a great deal of old coin reissued, with a new stamp on it; or rather we frequently unconsciously rediscover, not knowing that we have simply found out anew that which has been forgotten. But, not to prolong these remarks, let us turn to the patient and ascertain what, if any, effect has been produced by the medicine. Dr. Morris states that the vaginismus has entirely disappeared. We may add, therefore, the application which you have seen just now to the therapeutic uses of cocaine and to the therapeutics of vaginismus.

PHILADELPHIA, PA.

SEQUEL TO A CASE OF GASTROSTOMY FOR CARCINOMA OF THE ESOPHAGUS.

BY SAMUEL W. GROSS, A. M., M. D.

Professor of the Principles of Surgery and Clinical Surgery in the Jefferson Medical College of Philadelphia.

In the AMERICAN PRACTITIONER for May, 1884, I recorded the case of a woman, fifty-one years of age, upon whom I performed Howse's operation of establishing a fistula in the stomach on account of carcinoma of the gullet. At the date of the report, or seven weeks after the organ was opened, the condition of the patient was excellent, the reflex pains in the right hypogastrium and between the scapulæ having entirely disappeared, and the strength being maintained.

The improvement was marked for several additional weeks, when her strength began to fail. The articles of food introduced by the artificial channel appeared to be digested, but not assimilated, and she gradually became more and more exhausted until her death, which occurred on the 12th of August, or one hundred and seventy-three days after the stomach was opened.

On post-mortem inspection, the esophagus was found to be the seat of an epithelial carcinoma, which was three inches in extent, its lower border being two inches above the cardia, and the caliber of the tube was almost obliterated. The liver was the seat of secondary deposits. The opening in the stomach was situated midway between the cardiac and pyloric orifices and midway between the curvatures. The mucous surface of the organ showed the ordinary signs of chronic catarrhal inflammation.

Reviews.

Lectures on the Principles and Practice of Medicine. Delivered in the Chicago Medical College, Medical Department of the Northwestern University. By NATHAN SMITH DAVIS, A. M., M. D., LL. D., Dean of the Faculty and Professor of the Principles and Practice of Medicine and Clinical Medicine in Chicago Medical College; Senior Physician to the Mercy Hospital, Chicago; Member and ex-President of the American Medical Association, of the Illinois State Medical Society, and the Chicago Medical Society; Member of the Illinois State Microscopical Society, Chicago Academy of Sciences, American Public Health Association; Honorary Member of the New York Academy of Medicine, and of the College of Physicians, Philadelphia, etc. Large 8vo, pp. 896. Chicago: Jansen, McClurg & Co. 1884.

One looks into the preface of a book for an introduction by the author to the book and its aims, and in these times of many tomes for some measure of the inducements to publish the volume. Pursuing this course with the work under notice, one is advised that the contents are the author's lectures delivered in the Chicago Medical College, stenographically reported, and revised by himself; and one further learns that three motives combined to induce the publication: (1) To comply with the expressed wish of many who heard the lectures; (2) To place within the reach of medical students a work on practice making use of the metric system of weights and measures; and (3) To present the author's views of disease and mode of management, the result of fifty year's study, practice, and teaching of medicine.

The volume is printed in solid long primer, contains considerably more than half a million words, each carefully selected to express the author's thought, so that it is safe to say there is not in the language a medical book of equal extent that contains less irrelevant matter.

. The book comprises ninety-two lectures, so arranged in matter and manner as to have the virtue of a systematic treatise on the practice of medicine, devoid of that seemingly misjoined succession of subjects and sometimes incompleteness of delineation that lectures pure and simple are apt to present; nor are there any of those digressions or unrelated piquant sayings that spring out of sudden inspirations or surprises in a course of lectures. The volume may be fairly regarded as a work on the practice of medicine of ninety-two chapters, properly headed, the subjects arranged in an easy natural succession, and as attentively made up as if originally designed for a book, and prepared in the author's library.

Two main divisions of his subject are presented by the author: Part I, "Elementary Considerations of Principles of Medicine;" Part II, "Consideration of Individual Diseases or Practice of Medicine," and the second part is subdivided into "General Diseases" and "Local Diseases."

Elementary Considerations of Principles of Medicine, occupy small space—thirty-eight pages—and are disposed of in five lectures. In the first lecture an effort is made to give comprehensive yet concise definitions of health and disease, laying down the self-evident proposition that in order to understand the nature of disease one must first clearly comprehend the condition of health, and in order to teach this the author subjects "the animal economy to a proximate analysis," the first step in which is to resolve all the materials in the body into fluids and solids, and then with a few bold, rapid strokes picture the essential characteristics of each of these divisions. Dr. Davis classifies fibrin as an excrementitious product, and details at some length the experiments by which, as early as 1850, he verified this doctrine, first promulgated by Zimmerman.

Taking the body as a whole, in a state of activity, he determines that a moment's logical thought recognizes two inherent elementary properties—susceptibility and vital affinity—and "it is the possession of these two properties that gives to the protoplasm of Mr. Huxley and the bioplasm of Mr. Beale all their

peculiarities and capabilities of development." The nature of these properties are unknown and unknowable, and speculation regarding it is a waste of time. What we have to deal with is the result of their activity.

"All organized parts of the body can be resolved anatomically into five primary structures, namely, nervous, muscular, secretory, vascular, and fibrous," and each of these has a special function. This scheme of structure and function is made easy of comprehension and facile of memory by diagrammatic tables. But supposing these structures to be complete, this susceptibility and vital affinity perfect, still they exhibit no signs of life except under the application of an external force or influence, such as atmosphere containing oxygen, heat, and electricity.

"Three things then are essential to constitute what we term health, . . . the several structures of the human body, the proper quantity and composition of the fluids, and the presence in due quantity and quality of the external agents. When all these exist in their normal relations to each other, the phenomena of life are manifested in a strictly normal and healthy manner."

This epitome of the author's lecture on the definition of health is intended to present such salient points of his talk on the subject that the reader will catch the spirit of the lecture, and understand substantially his ideas. He illustrates his views by the presentation of acknowledged facts and legitimate argument in such wise that no attentive reader will misapprehend them, and while his description seems meager, somewhat dogmatic, and hardly abreast with present biological researches, it must be understood that he recognizes that he is speaking, not to students in the elementary departments, but to advanced students in the finishing-lecture room, and publishing for the perusal of practitioners who have mastered anatomy, physiology, and associated science, and that he is summarizing only so far as is necessary to lay a foundation for the subsequent superstructure of practice of medicine, producing thus, as it were, a cartoon to indicate the drift of his mind, not pretending to offer a finished picture to illustrate his artistic skill.

The second lecture is devoted to a definition of disease, and this is done by analysis, in as simple a manner as the definition of health was rendered. Keeping in mind the condition that constitutes health, disease is declared to be a deviation from this condition, and that "reflection and observation alike show us that deviations from the normal standard may take place in three directions, namely, increase, diminution, and perversion. If we give our attention, first, to the fluids of the body, we find the blood capable of being increased in quantity so as to cause overfullness of the vascular system, constituting what the pathologists term plethora. In other cases it is diminished in quantity so far below the natural standard as to leave the vascular apparatus without the proper distension, which constitutes anemia. In still another class of cases the blood may be neither increased nor diminished in quantity, but its proximate elements may be altered in their relative properties or in their quality, or by the intermixture of some foreign substance, which several conditions may be included under the general term perverted. If we turn our attention from the blood as a whole to its several constituents we find each capable of undergoing the same deviations from the standard of health. Either one or all of the nutritive and formative constituents may be increased, constituting a hyperemic or hyperplastic condition; or they may be diminished, constituting spanemia, or poor blood; or their properties may be so altered as to constitute septicemia, or blood degeneration."

The same style of analysis is applied to the secretions, then to the solids, and finally to the functions of the body, the whole discussion resulting in the comprehensive dictum that disease is the increase, diminution, or perversion of the fluids, solids, and functions of the body in a state of health.

After alluding to the vagaries of Thompsonianism and Hahnemannism, the second lecture closes with this philosophical lesson: "By these observations I wish to impress strongly upon your minds the important fact that the only true basis or starting point for a rational study of disease is afforded by a thorough

knowledge of the anatomy and physiology of the human body. Once possessed of a full knowledge of the composition, properties, and functions of the human system, we are prepared to appreciate each deviation, in any direction, from the natural conditions so far as to constitute disease. With such a preparation, you are ready to receive, arrange, and apply the facts and observations of clinical experience.

"Instead of espousing some theoretical dogma, and vainly striving to adjust all the facts and observations of science to it, or bewildering yourselves with cumbersome systems of nosology, you carefully study the causes and phenomena of disease from the stand-point of health, with a view to remove or mitigate the first and to modify the second in the direction toward its primary point of departure; in other words, toward the re-establishment of health. That is, if you find the phenomena or symptoms of disease indicating increased activity or irritation, you strive to subdue the excess of activity; if indicating depression, or impairment of activity and excitement, you endeavor to prop up or sustain; if indicating neither simple excitement nor depression, but perversion of action, you call to the aid of your patient such alteratives as are best adapted to correct the particular perversion; and if by continuance of morbid actions obstructions or exudations have occurred, either in the blood or in the tissues, you call into requisition such eliminants, alteratives, and tonics as will be most efficient in promoting their removal. By such a course you become philosophical practitioners of the healing art, true handmaids of Nature, ever studying the nature and tendencies of her embarrassments, and ever striving to aid in correcting them."

This full exhibit of the salient points of the first two lectures will supersede the necessity of dwelling on the first part of the third lecture, which treats of the "General Processes of Complex Functions—their Relations to each other in Health and Disease." It may, however, be recited that on page twenty-nine the author refers to his own experiments, begun in 1849, to establish the influence of diet on the evolution of heat, resulting

in the conviction, confirmed by subsequent observation, "that there was no direct relation between the kind of food taken and the amount of heat evolved; and consequently no foundation for calling carbonaceous matter respiratory food more than any other matter capable of assimilation." Under all kinds of diet the temperature of the body uniformly increased during active digestion and nutrition, and decreased as they declined.

Many important facts are presented in this connection, and valuable practical deductions announced, leading the author by easy stages to the discussion of nature and the *vis medicatrix naturæ*, and in these fields he appears to have lost that clear perception of things that has been his characteristic on so many other occasions. On page thirty-one he quotes Dr. Holmes as declaring that "Nature, in medical language, means a trust in the reactions of the living system against ordinary normal impressions," and adds, "according to this definition, Nature is not a physical power or function, but a simple mental act—an exercise of faith or trust. Comment on such a definition is unnecessary." The author, however, immediately apologizes for this quibbling by saying, "But suppose the author of this definition meant that nature consisted, not in the mental act of trust or faith, but in the 'reactions of the living system against ordinary normal impressions,'" and then intimates that in his judgment these "reactions are nothing more than shadows of the imagination." It is a fair inference that the author had some special inspiration to twist the sentiment of the witty anatomist of Harvard, because, before the lecture closes, he gives a definition of nature that would be satisfactory to Holmes, and, while aiming to decry the idea of a *vis medicatrix naturæ*, clothes it with powers equal to its ancient glory, and acknowledges for it an efficiency that would satisfy the most ardent disciple of expectant medicine.

Discussing the question, "What are medicines?" in the opening of the fourth lecture, Dr. Davis declares that "Remedial agents and influences properly embrace every thing that can be

made useful in alleviating or curing disease. In this sense an encouraging word or a cheerful look is as much a remedial agent as a pill or a powder from the apothecary. It is my intention, however, to limit your attention during the present hour to those natural agents ordinarily styled medicines, reserving the consideration of other influences for another occasion. Medicines, in this restricted sense, are such agents as are capable of being introduced into the living system and exciting a modifying influence over one or more of the properties or functions of the body, without being capable of assimilation or addition as nutritive matter to any of the tissues."

This is a clean-cut definition—possibly too exact to fit into the experience of the older disciples of the healing art—but perhaps its rigidity may be softened when the author takes up "the consideration of other influences on another occasion," an occasion, by the way, that does not appear to have been reached when this series of lectures was ended.

Medicines are separated into two great classes: (1) General remedies; (2) Local remedies. The first class is subdivided into four groups: (1) Such as exalt the susceptibility; (2) Such as increase the vital affinity; (3) Such as decrease susceptibility or vital affinity; and (4) Such as modify the properties of the tissues. In common professional parlance these would be named respectively excitants, tonics, sedatives, and alterants; but the author, instead of simply naming them, prefers to designate them by their qualities. Alcohol is conspicuously placed among sedatives, and Dr. Davis, acknowledging that this is not according to current professional teaching, assigns his reasons here briefly for thus placing it, and in the final lecture of the volume discusses alcohol specially, exhaustively, and conclusively, establishing from the testimony of others and from his own experimental observations what seems to be the rational conviction that as medicines all alcoholic liquids are worse than useless.

By local remedies the author intends to indicate such agents as, being taken into the circulation, produce their effect on par-

ticular organs or tissues, and these agents are classified as excitants, sedatives, and alterants.

Etiology, as an indication for the employment of remedial agents, is set forth with the author's wonted perspicuity, and in this connection he discusses the germ theory, at this time occupying so prominent a position in the professional mind; but, while fairly presenting its claims as a subject for intelligent investigation, he is chary of the doctrine in the fullness in which it is proclaimed by some of its adherents, exclaiming, after going over the results of modern microscopical investigations in this field, "But just as the literature of the profession has become well filled with the important discoveries, and the many practical applications of which they are capable, behold! some one else has also discovered that the special cholera fungus can be found as well in any serous intestinal evacuation, and the so-called syphilitic germs are easily found in the blood of persons who never dreamed of having had that disease, either hereditary or acquired."

Under the logical acumen and skilled delineation of the author, general therapeutics becomes as exact and seemingly perfect and as simple as does physiology and pathology according to his presentation; witness: "If the nature of the disease is such as to present increased activity and excitement, it indicates the use of soothing and sedative remedies; if increased sensibility and suffering, either narcotics or anesthetics; if impaired activity and relaxation, excitants and tonics; if perverted vital affinity, alteratives."

Lecture v, on "The Examination of the Sick," is a clear elucidation of the manner and means of examining a patient, not only for determining the nature of the ailment, but also to establish just what progress the malady has made, what organs and tissues have been changed and to what extent, for without a knowledge of all these there can be no rational therapeutics.

This lecture closes Part I of the volume.

As previously stated, this part of the book—Elementary Considerations of Principles of Medicine—covers only thirty-eight

pages, but large space has been given to an effort to furnish such an epitome of its leading features as will convey to the reader an understanding of the author's special views in this behalf and of his definite and precise method of stating them, because herein will be found a key to all he has incorporated in the after part of the volume. If this epitome has been sucessfully prepared, it reveals the author's appreciation of the elements of the science and the art of medicine to be that the human body is composed of nervous, muscular, secretory, capillary-vascular, and fibrous structures, blood and secretions—five solids and two fluids—and that the properties common to all living matter are susceptibility and vital activity; and that these structures, influenced by the external agents, atmosphere containing oxygen, heat, and electricity, and acting harmoniously together, producing results in proper proportion, constitute health. That these activities, under disturbing influences, may be in excess, or diminished, or perverted, and these constitute disease; and that to cure or alleviate disease we must subdue excess, elevate diminution, and correct perversion, and the agents to do these services are sedatives, excitants, and alteratives. Thus the author's scheme of physiology, pathology, and therapeutics apparently renders the practice of medicine as definite and certain, in the hands of a competent physician, as is the keeping of a piece of complicated machinery in order by a skilled mechanic.

It must be obvious that the author has an individuality in thought and convictions on these points, apparently long considered, fully matured, resting on facts and experiments that he feels have subjected them to tests that give assurance of their verity, and which are no further disturbed by any body's new views than to induce a comparison between them and those he has already adopted, and his convictions remain unchanged in the face of testimony that would reverse the conclusion of men less logical in examining it. These features of the lectures rob the volume of some of that cheeriness that comes of the discussion of modern theories and modes of procedure in medicine

that are frequently a charming constituent of the more recent treatises on practical medicine, and they will subject the author to the soubriquet of "ancient" by the disciples of the principles espoused and promulgated by Bigelow, Forbes, Holmes, and their associates, whom he, by implication, so curtly characterizes as cranks in curative conceptions, albeit he is too courteous and decorous to use the term crank.

As already intimated, this lengthy review of the first part of the book will so well characterize the spirit and tenor of the second part that a few sentences will suffice to indicate its particular drift.

Part II opens with one lecture on the "classification of diseases," assuming that the simplest is the best, and for his lecture purposes the lecturer proposes two classes, general diseases and local diseases, the former embracing two sub-classes: (1) Continued, periodical, and eruptive fevers; (2) Constitutional diseases of the blood and nutrition. The second class has four sub-classes, inflammation, fluxes, neuroses, and miscellaneous.

Then follow two hundred and sixty-one pages devoted to general diseases. A succinct but lucid capitulation of the historic ideas of the essential nature of fever is given, resulting in the announcement of his own conviction that the initial step in fever is a lesion of the nervous system. In thirty-four pages he treats of typhoid fever, the subject running through five lectures, of which the treatment occupies two lectures—twenty pages—and, as we would infer from our previous portrait of the author's strong points, it is by no means conducted on the expectant plan.

The second division of Part II treats of local diseases and is inaugurated by Lecture XXXIII, on the nature and treatment of inflammation in its general aspects. There is in this the same precision of ideas and the same distinctness of delineation that marked the opening lectures of the course, and while there is no lack of reference to works of modern writers, there is perceptible a lingering admiration for the ideas of the times when increase of size, increase of blood, increase of heat, and increase of pain

were regarded as essential to inflammation, being, in the words of our author, "symptoms which are crystallized in the classic words, tumor, rubor, calor, dolor." He warns against the extreme doctrines of Hunter on inflammation, and repudiates the teachings of Virchow, Bennett, and their followers, as narrow and partial views.

Pneumonia is spoken of as "one of the most important inflammatory affections that you will meet in your ordinary field of general practice." The distinction between croupous and catarrhal pneumonia is pointed out and explanation made of the lobar, lobular, and interstitial varieties of the malady. Under the head of etiology the author quotes from the writings of Drs. Forrey and Drake, whose observations were made fifty years ago, and follows with various reputable authorities, to 1882 when, from the health reports from sundry cities, aided by the last national census, he works out the fatality of pneumonia at this time in several parts of the United States. By these means he establishes that in 1882 there was one death from pneumonia in Chicago for every 645 of population; one in New Orleans for 1,088 of population, while in San Francisco there was one for 452 of population. By similar careful investigation it is shown that the mortality from this cause in Washington, Cincinnati, and St. Louis, is a trifle greater than in the northern cites of Boston, New York, and Buffalo, or in the southern cities of Charleston, Jacksonville, and Mobile, the whole examination demonstrating that pneumonia is more destructive in the middle latitudes of the Union than in either the North or South.

This investigation is confined to official reports and statistics thoroughly wrought out, and while leading to a conclusion contrary to the prevalent professional opinion, may be counted as correct, and at the same time be accepted as an illustration of the untiring industry and painstaking skill of the author in sifting out the facts that go to establish the real status of the point of inquiry in our own country, of which the whole book is an extraordinary example. In this same strain he speaks

of the modifying influence on the disease of seasons, occupation, habits, age, sex, previous condition of health, and exciting causes.

Under Symptoms he details the phenomena of the rise, progress and termination of the disease in most admirable manner, distinguishing its grades, stages, varieties, and varying aspects under divers circumstances, all so clearly portrayed that when he reaches diagnosis he very properly remarks: "In giving you the clinical history . . . I have pointed out so fully the ordinary symptoms and physical signs that characterize or serve to distinguish not only the disease itself, but also each stage of its progress, that it would be an unnecessary repetition to enumerate them again at this time."

Prognosis is discussed with equal intelligence and discretion, the author asserting that some forms of the disease under favorable environment end in spontaneous recovery, but he accords no favor to the idea that this is in any wise evidence of the zymotic nature of pneumonia.

Conceding the validity and sufficiency of the author's views of physiology, pathology and therapeutic theories, his treatment of pneumonia is rational and effective. He conceives a sthenic type, in the first stage of which he recommends bleeding, tartar emetic and calomel with Dover's powder; in the second stage, muriate of ammonium, tartar emetic and morphia, to which may be added, when indications demand them, acetate of ammonium, spirits of nitrous ether, and quinia; in the third stage, as conditions may require, blisters, chlorate of potassium, quinia, acetate of ammonium, paregoric, digitalis, and carbonate of ammonium —never alcohol, as it is always a sedative. This hasty sketch of the treatment only pretends to touch the salient points of Prof. Davis's management, the full particulars of which he details with precision, fitting every remedy to its special indication and leaving no phase of the malady without adequate means of relief. Indeed, his two lectures on this form of pulmonic inflammation are a monument to his methodic industry and research, his systematic order and style of developing his subject, and his use of

concise and explicit language in conveying his ideas, and in these particulars they are a fair specimen of the whole work under review.

Further exposition of the special contents of the book is probably not needed to apprize the reader of its distinctive features, nor as a means to enable him to estimate its value as a practical treatise for his edification, or as an assistant in his daily dealing with the ills that flesh is heir to, but it should be further said that it contains abundant testimony of the author's search for light, not only in the writings of those who have made books, but also in a manner peculiar to himself, into the official reports to the government, into the reports and papers to the American Medical Association, the State medical societies and other professional organizations, and into the periodicals of this country, and that he has made use of the materials that rewarded his labors in the most intelligent manner from his stand-point.

As a whole the book is *sui generis* and can be compared only with itself in parts, will stand alone on its own peculiarities, a work of profound investigation, immense labor, and consistent composition. Its store of information is phenomenal, and its facts obtained by literary research, experimental inquiry, general observation and reflection are combined and presented with singular directness and perspicuity when held to be valuable in the author's estimation, and in working all problems that rest for solution on experience or Baconian reasoning, every premise and every step of progress is subjected to the dominant ego of the author. In short, the book, as a great and deliberate work of an earnest and self-reliant man, one who has been proclaiming *ex cathedra* from the professor's platform for the third of a century, stands alone among the things of its kind.

The publishers have done good work. There are some failures in proof-reading, but those observed are unimportant or so glaring as to suggest their own correction ; as, for example, that on page 28, where the normal human temperature is given as "55° C. (78.6° F."), intended to be 37° C. (98.6° F.); or that on page 428, where "Tincturæ Aconiti Radicis, 4 c. c. ℥j," should be ℥j instead of ℥j.

J. F. H.

Clinic of the Month.

OBSTETRICS AND GYNECOLOGY.—From an address delivered by Professor T. Gaillard Thomas, M. D., at the First Annual Meeting of the New York State Medical Association, published in the Medical News, we make the following extracts:

With how little pomp and parade are the greatest discoveries of science usually heralded! Who could have pictured to himself the wonderful results which were to follow the crude experiments of Count Rumford with steam; the watching of the swaying of a set of church lamps by Galileo; Newton's study under the apple-tree; or the flying of a Yankee printer's kite upon Boston Common? Yet the world has trembled and swayed under the results of these things, and mankind has felt their influence in every fiber and atom! In my judgment, one of the greatest achievements of modern pathology has been the discovery of the agency of certain lowly organized monads, micrococci, and microzymes, classed under the head of bacteria, in the production of septicemia, pyemia, and the long list of diseases which are their outcome. These atomic bodies, floating in the atmosphere, clinging to sponges and towels, and adhering to instruments and fingers, enter the blood through the open mouths of abraded surfaces. The prevention of the evil consequences of such entrance by the plans of Lister has accomplished a great deal for general surgery. Applied to obstetrics and gynecological surgery, the same methods are found to be fully as successful.

Progressive obstetricians are now pretty well agreed that the diseases which follow childbirth are due, for the most part, to the introduction of some contagium or poisonous element from without through the open mouths of exposed blood-vessels, laid bare by the parturient process, somewhere between the fundus

uteri and the vulva. This theory once being accepted, it follows, as a natural deduction, that every means in the power of the obstetrician should be adopted for the prevention of the introduction of the morbific agents.

Even although the obstetricians of to-day are not prepared to make aseptic midwifery a rule wherever that art is practiced, it is highly probable that in the very near future this position will be accepted. Even now this method, in modified form, is exerting a beneficial influence and steadily working its way to adoption in spite of the fact that it entails a good deal of trouble on the practitioner. That it can do no harm is quite evident. Does any man, can any conscientious obstetrician, maintain that strict cleanliness and the most scrupulous avoidance, so far as it lies in his power, of all things which can possibly admit of the entrance of the agents which in all probability produce puerperal septicemia, will do any harm in the lying-in chamber? Supposing that only one life is saved out of a hundred deliveries, will any one assert that the saving of this one life would not repay him for the trouble which his preventive precautions have cost him? If the whole theory of the bacterial origin of puerperal fever is false, then in a quarter of a century from now all precautionary measures will disappear and the old *régime* will triumph. But if, perchance, this theory is valid and true, then no human power will prevent a realization of the prophecy that aseptic midwifery will be a rule as strict, as inviolable, and as obligatory as the aseptic surgery of amputations and of laparotomy is to-day. Look at the surgery of London, of Paris, of Vienna, and of New York of twenty years ago, with its unclean hands, its fatally dirty instruments, its death-laden sponges, and its foul air, with its terrible mortality, and then look at the surgery of those same cities to-day; and he will be a bold man who dares gainsay the statement that in another quarter of a century no one will venture to rise in a scientific body and declare that any efforts at perfect cleanliness in the lying-in room are superfluous or absurd.

No longer do we depend in the treatment of this affection

upon quinine, opium, and the application of emollients over the abdomen. By intrauterine injections the cavity of the uterus is thoroughly and repeatedly washed out with solutions of the bichloride of mercury 1 to 2000, or with a two-and-a-half-per-cent solution of carbolic acid. Surely no one who has experience in the new and the old methods will cavil at my statement that a great improvement has been effected by the former.

Were I called upon to sum up the treatment of a *declared undoubted* case of puerperal septicemia, marked by the usual symptoms of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, I should give it categorically thus:

1. Quiet all pain by morphine hypodermically.
2. Wash out the uterine cavity with antiseptics.
3. Lower the temperature at once below a hundred, not by the barbarous method of the cold bath, but by the far better one of the coil of running water.
4. Feed the patient upon milk and nothing else, unless some good reason exists for changing it.
5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.

Some one has very pithily said of late that the medicine of a hundred years hence will consist chiefly of prophylaxis and surgery. It appears to me that the statement, which has more than one grain of truth in it, applies with great force to our subject of to-day. The day is, I feel sure, not far distant when preventive measures will be applied with a most triumphant result to placenta previa, puerperal nephritis, placental apnea, contracted pelvis, the obstinate, and often fatal, vomiting of pregnancy, and that extreme hydremia which so often results in thrombosis.

Obstetricans are beginning to question themselves as to whether it is wiser, in the interests of both child and mother, to wait and watch during the last two months of pregnancy until a sudden and furious hemorrhage makes an issue unavoidable in placenta previa, a convulsion announces the point of tolerance

in puerperal uremia, or the cessation of fetal movement tells the tale that the crippled intrauterine lung has ceased to have power enough to prolong fetal life. The methods of inducting premature labor are now so simple, so certain, and so void of danger that they, more than at any previous time, present themselves as a sovereign resource in such cases.

How often has every man in this room watched with intense interest and anxiety the following picture! A mother of several children, a beloved wife, and the center of a large circle dependent upon her for love, for care, and for counsel, about the end of the seventh month develops the symptoms of placenta previa, or severe puerperal nephritis. The physician can not conceal from those who surround her the fact that a violent hemorrhage or sudden convulsive seizure may at any moment destroy life. Should one of these occurrences take place, the patient's friends know full well that it may be hours before medical aid can be obtained in their dire necessity. Day after day the painful process of watching, hoping, dosing, goes on; and gradually the symptoms grow worse until the final issue comes, and great joy is felt if, the child being sacrificed, the mother survives. It is to save all this, at the expense only of exposing the child to the danger of premature birth—a child, too, whose life would be at great hazard even if the pregnancy were allowed to proceed—that premature labor offers itself as a valuable resource.

The obstetric forceps is probably the most life-saving instrument which surgery has ever invented; and from the time of the Chamberlens, about 1647, thousands in every generation have endeavored to improve it, thousands have handed down their names in connection with it by suggesting trivial modifications, and thousands have in their efforts rendered themselves butts for the laughter of their successors by reason of the vanity which guided them. Few, very few, real improvements have been made in these instruments, and these improvements have occurred at long intervals. The Chamberlens used short, straight forceps; Levret and Smellie added length, and gave a pelvic curve to these, and nearly, if not quite, doubled their

value; and Tarnier, of France, has, in our day, added a pair of tractors which enabled the operator to pull more accurately in coincidence with the superior strait, while the handles are still in the inferior. This is the only real improvement in these instruments since the days of Levret and Smellie, and, like theirs, it marks an era in the history of the instrument, and a mile-stone in its advancing usefulness. There are cases, many cases, in which it is not called for; there are some, and not a few, in which it gives great facility in delivery.

When, through the instrumentality of Simpson, Sims, and Simon, surgery was introduced into gynecology, a jeremiade was inaugurated, the echoes of which are only now dying away like the grumblings of a recent storm. Those who practiced gynecological surgery were accused of recklessly mutilating the most beautiful of God's creation. Their conservatism was impeached, their judgment was impugned, their honesty was attacked. And what has been the outcome of the controversy; what is the present status of the moot question? By the aid of gynecological surgery, thousands of women, who formerly filled beds of suffering throughout their menstrual lives, are now in a month or two restored to perfect health; thousands who were doomed to early death are saved; thousands who for weary years visited the offices of one, and then another, and still another physician, resisting the powers of general tonics and nitrate of silver and potassa fusa and the actual cautery, are now quickly enabled to perform the duties of life without exhausting their resources by yearly stipends to the medical man. A woman suffers from profuse leucorrhea and backache and difficult locomotion. Formerly she would have gone, times without number, to her doctor's office to have caustics applied to the ulcer of the neck of the womb, until he got tired of her or she of him. Now a lacerated cervix is cured by Emmet's great operation, and a limit is put to her patience and her husband's capacity to bear expense. A young woman, whose terrible sufferings at menstrual periods have half-crazed her, made her nearly an opium-eater or gin-drinker, and almost transformed her into one of those social

vampires who suck the sympathies and vital force of a whole family in place of blood, instead of living on, a libel upon her sex, is cured by Battey's operation and restored to her place in life. Another, who has had the accident of lacerated perineum inflicted upon her by parturition, instead of passing her life in "ringing the changes" upon all the varieties of pessaries known to art, is cured by perineorrhaphy or colporrhaphy. And still another who, perchance, for twelve years has had an issue of blood, and who has suffered many things of many physicians, and has spent all that she had and was nothing bettered, but rather grown worse, after having exhausted all the hemostatics and oxytocics and astringents, has a loop of wire, called a curette, carried into the uterine cavity, and fifteen or twenty fungoid growths, about as large as grains of barley, removed, and straightway the fountain of her blood is dried up.

Surely the time is at hand when the gynecological surgeon may boldly say to his detractors, "Enough of this, the logic of events condemns your futile efforts," and to those in his own department, "He who is not prepared to give his patients the advantages of surgery, either at his own hands or those of another, is not prepared to act honestly and fairly by those who intrust their interests to his keeping."

At the present day there are three methods by which uterine deformities — anteflexion, retroflexion, and lateroflexion — are treated: First, the misshapen organ is repeatedly forced into better form by the introduction of the uterine sound, and subsequently it is in a lame, uncertain fashion sustained by a vaginal pessary; second, the tortuous cervical canal is cut at the internal and external os, and a uterine stem is introduced and kept in place by a sustaining vaginal cup; and, third, the whole uterine canal is at one sitting distended by a powerful "divulsor," or expanding forceps, to as great an extent as the tissue of the organ will bear. The first two of these methods are well known to you; it is the last I would now bring to your notice.

The heroic nature of this operation, its apparent brutality, and the dangers which one would naturally fear as a conse-

quence of the forcible stretching of uterine tissue, which is really equivalent to absolute tearing of it, has retarded its advance to the position of an accepted operation. Its introducers and chief indorsers have been Priestly, Borck, Ball, and Ellinger, all of whom have claimed for it not only excellent results in cases of uterine deformity, but also a very marked immunity from the accidents which one would fear from it. In this city Dr. W. Gill Wylie has reported very favorably of it, and Prof. Goodell, of Philadelphia, has recently published a paper upon it which, with the strong indorsement of his name, will go far toward making it popular, and exciting others to a fairer trial of it than it has yet received. Personally, I have no experience of it worth reporting, but I certainly feel it a duty to test the question of its use fully from the evidence which we now have before us.

In connection with my subject I would mention four drugs which have of late been introduced into practice, all of which appear to me to possess sufficient value to warrant their special mention here. These are the permanganate of potash and the fluid extracts of the stigmata and ustilago maidis, of the *viscum album*, of the *viburnum opulus* and *viburnum prunifolium*.

Permanganate of potash, introduced by Sydney Ringer, of London, as an excitant of the menstrual flow, is, I think, the best emmenagogue which has yet been discovered. The stigmata and ustilago maidis, or ergot of corn, are, like the fluid extract of *viscum album*, or mistletoe, excellent oxytocic agents, and replace the ordinary secale cornutum very well, not only during labor, but in causing uterine contraction for the relief of metrorrhagia, uterine fibroids, subinvolution, etc.

The medicinal virtues of the *viburnum opulus* and *viburnum prunifolium* appear to consist in an influence of sedative character upon the utero-ovarian nerves. These drugs have been greatly lauded as preventives of threatened abortion and remedies for the pains which attend disordered menstruation. Although in my experience they have fallen far short of the excellence which has been claimed for them, I feel sure that they possess a considerable degree of virtue.

MEDICINAL AND NON-MEDICINAL THERAPEUTICS.—In an address, delivered at the First Annual Meeting of the New York State Medical Association by Prof. Austin Flint, M.D., he said:

The time will come when the physician will not be regarded solely as a therapeutist, but as a medical counsellor, whose functions embrace the preservation of health and the prevention, not less than the treatment, of diseases. Patients will then congratulate themselves, and be congratulated by their friends, whenever it is decided by the physician that potential drugs are not called for; but, as it should be added, drugs will then never be withheld if, in the judgment of the physician, they are indicated. This reformation, if I may so call it, is to be brought about by a change in popular ideas respecting the practice of medicine. Let the public understand that drugs are not to be employed, as a matter of course, whenever a physician is consulted or is in attendance. Let placebos be seldom if ever required for a moral effect. Let it be understood that, as modern clinical studies have demonstrated, many diseases end in recovery from an intrinsic tendency and self-limitation. Let it be popularly known that most medicinal agents are curative, not directly, but indirectly, by the removal of obstacles in the way of recovery; that nature is always the efficient curative agent, and therefore that the physician is nature's servant, not her master. Let the value of medical science, in the palliation of suffering and the promotion of the toleration of diseases which do not admit of recovery, be fairly appreciated. When these desirable objects are accomplished, the medical profession will hold a position in public estimation higher even than it now holds; a more elevated standard of medical education will become a necessity, and the usefulness of the profession will be increased. Moreover, this reformation will prove the most efficient of the means for the protection of the public against irregular and illegitimate systems of medical practice, and, as may be added, against the unworthiness of those who claim to be regular or legitimate practitioners. The most popular of the systems opposed to legitimate medicine and the regular profession at the

present time is based on the assumption that diseases are controlled by drugs, according little or nothing to a natural tendency to recovery. Correct popular ideas of medicinal and non-medicinal therapeutics are incompatible with confidence in this or any system of practice which assumes that recovery from diseases is always due wholly to medicinal agencies. Let correct ideas prevail, and there will be fewer instances than now within the ranks of the profession of unworthy means to secure a local reputation, and to enhance the sense of obligation for professional services ; in other and plainer language, there will be less of quackery within as well as without the medical profession.

Some practitioners have an excessive and unwarrantable faith in drugs; others are excessively and unwarrantably skeptical. Pharmacomania is a form of mental aberration affecting alike certain physicians and patients. The latter have a morbid craving for, and the former an abnormal propensity to prescribe drugs. If it so happen that a pharmacomaniacal patient is under the care of a practitioner to whom that name applies, there may be mutual satisfaction ; but, if not so mated, there is apt to be dissatisfaction on both sides.

The pharmacomaniacal practitioner never tires in the use of remedies. He has a distinct drug for every symptom, and remedies are multiplied in proportion as new symptoms appear. One may know that to this extreme a practitioner belongs by a glance at the array of phials, cups, and glasses at the bedside of the patient. The prescriptions, which accumulate daily, contain a multiplicity of ingredients, each, perhaps, designed for a particular object ; or, to borrow a well-known comparison, they are like a heavily-loaded shot-gun — intended to do execution, although discharged without much regard to aim. His patients after recovery have a large collection of souvenirs, consisting of the daily surplus of prescribed remedies. To the apothecary he is "a joy for ever." A catalogue of the medicaments presented by the apothecary as a memento shows that Molière did not exaggerate in the enumeration with which he opens his play, "*La Malade Imaginaire.*" The pharmacomaniacal practitioner

is never discouraged in the use of new remedies. He reads medical treatises and journals with special reference to these, and he loses no time in giving his patients the benefit of all in succession. As one new remedy after another becomes obsolete, in consequence of having been found useless or injurious, he relinquishes it only to supply its place with one still more recent, always accepting the latest with as much avidity as he had accepted the remedies which he has discarded.

The practitioners who exemplify the opposite extreme, the skeptic, or, as may be said, the disbeliever, need not be delineated, inasmuch as the picture would be precisely the reverse of that just presented.

Truth, of course, lies somewhere between these extremes, and between the truth and the extremes are different gradations. Here, as in other instances, "*in medio tutissimus ibis*" is the conservative maxim. The practitioner who holds a just medium between the two extremes has sufficient confidence in medicinal agents, but, recognizing that in proportion to their potency they do either good or harm, he must be satisfied that they are clearly indicated before he employs them. He will not prescribe potential drugs at a venture, but only for a clearly defined purpose. He shoots after having taken deliberate aim, and he shoots with the rifle in preference to the shot-gun. He requires competent testimony, based on trustworthy experience, before subjecting patients to the trial of new remedies. Fully alive to the progress of knowledge in medicinal therapeutics, he holds fast to what is actually known, and adopts what is new on satisfactory evidence afforded by his own experience added to that of others. He may make original observations with a view to enlarge the boundaries of our therapeutical knowledge, but his observations are made with due precautions, not overlooking his responsibility for the welfare of his patients. His observations have for their sole object the discovery of truth for a beneficent end. He is conservative, but his conservatism is not fogyism. He cultivates and practices medicine as a science, but he never forgets that medicine is a science of which the pervading principle is humanity.

It is a sound maxim in medicine that the therapeutic indications derived from science and from nature, as a rule, should harmonize. If they be in conflict, the scientific indications are open to suspicion. I will add, as another maxim, that the true principles of therapeutics are in accordance with the dictates of common sense. If there be antagonism here, when are considered the liabilities to error in scientific deductions, it is reasonable to suspect the correctness of the latter. These maxims are applicable to the dietetic treatment in diseases. Nature's indications as regards diet relate to appetite and the sense of taste. That appetite and taste were intended to govern the choice and quantity of aliment in health no one can doubt, especially if it be added that the indications derived therefrom are to be regulated to a certain extent by reason and experience. But it is a popular error that these natural indications are necessarily morbid in cases of disease, and that, instead of being recognized as constituting a governing principle, they are to be opposed. This popular error prevails to a certain extent in the medical profession. How often, perhaps I should say how common, is it that patients with different diseases are denied food when nature indicates the need of it by the sense of hunger! How common, when food is allowed, for patients to be denied the articles of food which they desire, and made to take articles which they dislike! I look upon this disregard of nature's indications in the same light as upon the exclusion of fresh air from the sick-room, against which Sydenham was the first to rebel, and upon those restrictions in the use of water internally and externally which have not even now become obsolete. The dietetic regulations, in cases of disease, need reform to-day fully as much as reform was heretofore needed in regard to air and water. It is evident that science is astray whenever it opposes, instead of co-operating with, the indications of nature.

Chewing meat and rejecting by exspuition its nutritive constituents is a practice not less irrational, unscientific, and opposed by common sense, than disgusting. As a rule, if meat

is craved and agreeable to the palate, it is allowable; and it is a shame to tantalize nature's cravings with the shadow, withholding the substance.

A reform is greatly needed in respect to "catching cold." Let the demon be exorcised, first from the medical, and next from the popular mind! Let it be generally known and believed that few diseases are referable to the agency of cold, and that even the affection commonly called "a cold" is generally caused by other agencies; or, perhaps, by a special agent, which may prove to be a microbe. Let the axiom, "a fever patient never catches cold," be reiterated until it becomes a household phrase! Let the restorative influence of cool, fresh, pure atmosphere be inculcated! Let it be understood that in therapeutics, as in hygiene, the single word *comfort* embodies the principles which should regulate coverings and clothing. Non-medicinal therapeutics will have gained much when this reform is accomplished.

I have often thought that a consideration of the influences which the physician may exert, either for good or harm, on the minds of his patients, should hold an important place in therapeutics. Our text-books are silent on this subject, and I am not aware that much, if any, attention is given to it in oral teaching. It can not, however, be doubted that success in the management of cases of disease often depends largely on mental influences, conjoined with other measures of treatment.

The mental constitution of some practitioners is unfortunate as regards the exertion of favorable influences on the minds of patients. As we all know, there are members of our profession with no lack of ability or of educational requirements, who are irreproachable in character, whose manners are unobjectionable, and who are in all respects gentlemen, but who are not successful in medical practice. Something is lacking, which it is not always easy to define. There is a loose screw in the mental mechanism, the effect being an inability to inspire patients with confidence, faith, and hope—three potential elements in therapeutics. It is fortunate for the physician and for patients if this lack of constitutional fitness for the practice of medicine is

discovered early, and if it lead to the adoption of some pursuit to which there is a better adaptation.

There are certain rules bearing on the influence to be exerted on the minds of patients which should be considered and adopted, although they may not accord with the natural temperment or disposition of the practitioner. Here, as in other instances, we find in the practice of different physicians two extremes which are widely apart. Here, too, is applicable the trite maxim, "*In medio tutissimus ibis.*" Let me endeavor to sketch an illustration of each extreme.

I have in my mind's eye the picture of a practitioner whose mental temperament is in a high degree sanguine and hopeful. It is difficult for him to look in any other direction than the bright side of a case. His attention fastens on all the encouraging points. He instinctively exaggerates these, and undervalues those which are discouraging. All the possibilities as regards a favorable progress and termination he believes will be made available for his patients. He is confident that his cases will prove, if need be, exceptions to general rules.

This is a rough outline of one extreme—an extreme of optimism. Practitioners who exemplify this extreme are liable to errors of prognosis. They lose patients when they had entertained and held out confident expectations of recovery. For this they may incur blame. But there is reason to believe that these expectations not infrequently contribute to recovery, and, as regards an influeuce on the issue of disease, they assuredly do not do harm to the patient.

A picture illustrative of the opposite extreme represents a practitioner who assumes the responsibility of a case always anticipating the worst that can befall the patient. His solemn manner and melancholy mien inspire nothing but forebodings. His attention is intent on the discovery of bad prognostics. He shakes his head distrustfully at symptoms which appear to be favorable. His words of encouragement, if he venture upon them, are so qualified by his apprehensions as to give rise to fear rather than to hope. This is an outline of a medical

pessimist. The errors of prognosis into which practitioners of this stamp fall are quite the opposite of those of the optimist. Patients recover who have been condemned to die. These errors are less likely to occasion blame than those which involve fallacious expectations of recovery. But, it is to be added, a gloomy or fatal prognosis may contribute to its fulfillment.

The physician who appreciates the importance of mental therapeutics, and of the duties incident thereto, will not fail to hold out to patients the encouraging features of a case. He will not give way to gratuitous forebodings. He will be circumspect in forming, and still more in announcing, to his patients an unfavorable prognosis. He will be slow to hazard a prediction as to the precise date that a disease will prove fatal, and still less will be guilty of the brutality of imitating a judicial sentence of death. He will keep out of the view of his patients discouraging possibilities, but not those which warrant hope. He will strive judiciously and skillfully to bring to bear all the potential mental agencies of which he may properly avail himself. He will throw on the scale of hopefulness all the weight to be derived from those doubts and difficulties which beset diagnosis and prognosis. He will make due allowances for the limitations of medical knowledge and his own deficiencies.

On the Treatment of Strangulated Hernia. — After reporting nine cases of strangulated hernia, Dr. Geo. F. Shrady, of New York, thus states (Medical Record) his experience with this affection:

My experience with cases of strangulated hernia has taught me that taxis is very much overdone. Hardly a case comes to us which is not the worse for it. The temptation to use more or less force is too great for most men to resist. The late Professsor Gilman, in his admirably impressive lectures on obstetrics, would charge his hearers not to grasp the cord in attempting to deliver the placenta. "If you have a temptation to pull it, it is better not to touch it at all." Discreet teachers of surgery tell their students to use only a soft catheter to empty the bladder,

and for a like reason. Few beginners understand what is meant by merely guiding a solid instrument through the deep urethra, as there is almost always an irresistible tendency to push it along its course. I would say to the practitioner who is not prepared to operate for strangulated hernia, that a safe rule is not to persist in taxis after the first judiciously gentle efforts at reduction. If he goes beyond this he rarely appreciates how much force he is apt to employ before he is willing to give up the fight to another. The patient generally has the best chance with no taxis at all until he is etherized for a possible herniotomy. No time is thus lost, and the operation can be performed as soon as it is decided that taxis availeth not.

Every one knows the rule to operate at once on an irreducible strangulated hernia. This goes without the saying. I am convinced, however, that there are many who do not appreciate its full force, even when cases are recognized early. There seems to be a temptation to hope against hope that an operation may be avoided. And yet the operation in itself is not dangerous. Even in case of doubt in diagnosis, and there are not a few of such to which this mark will apply, it is safer to herniotomize the patient than to let him alone, trusting to chances. Every practitioner of large experience can call to mind cases mistaken up to the last moment, when hope for saving has virtually passed, and when herniotomy is blamed for throwing the balance on the wrong side.

Even such cases should not, however, be looked upon as absolutely desperate ones. Mr. Birkett refers to a femoral hernia which had been strangulated for fourteen days, and upon which successful herniotomy was finally performed. In view of this fact it is the duty of every surgeon to operate upon cases of long-continued strangulation, unless the patient be actually moribund at the time. In one of the successful cases reported the symptoms had lasted for forty-nine hours.

It is, of course, not always easy to decide whether or no strangulation actually exists. The rule should always be to give the benefit of the doubt to the operation, and act promptly.

The main tests for strangulation are pain, tenderness, and continuous vomiting, with a recently irreducible hernial tumor. Men in hospital practice, who see a great deal of hernia, always examine the groin when persistent vomiting exists. The candidate at hospital examination who would neglect to mention vomiting as a symptom of strangulated hernia would get a black mark.

To say that herniotomy is a comparatively easy operation might surprise one who has never tried it, and who has timidly folded his knowledge in the seven anatomical layers. Certain drawbacks are naturally to be expected, and should be overcome on general principles. Living anatomy has a way sometimes of dodging the perceptions of the most expert operator. In herniotomy it is the rule. The layers are always ready to compromise their individuality under a becomingly cautious use of the director. The main thing to be sure of is when the sac is reached, no matter whether the operator divides six or six times six layers before he gets to it. And sometimes in very old hernias he can take his choice.

The making of clean, free cuts, and always in the same line, invariably give the best results. As a rule I prefer to open the sac, as I believe it does not add to the gravity of the operation, while it insures safety in other directions. I have not seen a case in which I was willing to do otherwise, and I do not believe I have lost one in consequence.

Too much stress can not be laid upon the necessity of having the strangulated portion of the gut in the best possible condition before returning it into the abdomen. Time is well spent in such endeavors. Nothing will accomplish the end in view more efficiently than the direct application of towels wrung out in a hot antiseptic solution. I have kept a suspicious knuckle of gut covered by turns in this way for nearly an hour, with the result of a perfect restoration of the circulation.

In the treatment of this, as well as any other operation wound, the indications for cleanliness, drainage, and rest are carefully followed, nothing more. I have never believed that

the antiseptic spray was necessary for a good result in any operation. You gain every bit as much, and with half the trouble, by thoroughly irrigating the wound with an antiseptic solution after the operation is completed. Corrosive-sublimate solution (in the proportion of 1–1500) was used in my cases in this way.

I do not think it is a calamity for a herniotomy wound not to heal by first intention, as by granulation and subsequent cicatrization the hernial opening and sac are more likely to become occluded. The aim is, of course, for first intention. While closing the wound, and after inserting a decalcified drainage-tube, it is well to take several deep stitches through the entire substance of the sac at different points, with the chance of exciting adhesive inflammation, and thus obliterating the sac cavity. I succeeded by this method in four cases. After closing the wound, firm pressure is maintained upon a warm, thick, moistened pad of sublimated gauze by means of an ordinary spica bandage. The dressings are not disturbed as long as the temperature is normal, or until the wound is healed.

Partly as a precautionary measure against traumatic peritonitis, but principally for the purpose of absolute rest, my patients are kept under the influence of morphine during the first four or five days after the operation. The bowels generally take care of themselves, and require no help unless evidences of intestinal irritation manifest themselves. One of these cases did not obtain an evacuation until the end of the fourteenth day, and made no complaint because he thought it was natural under the circumstances.

THE PRINCIPLES OF ELECTRO-THERAPEUTICS.—In a paper by Dr. A. Hughes Bennett (British Medical Journal) he says:

Some of the chief morbid conditions for the treatment of which electricity is believed to be specially suitable may be considered under three classes: (1) Diseases characterized by diminished functional activity; (2) those by increased functional activity; (3) a large and miscellaneous collection of affections

associated with local and general malnutrition. Under the first heading may be placed paralysis, anesthesia, atrophy, sclerosis, and a variety of other morbid states. The etiology of these conditions is often obscure. The indication for their treatment is to excite and stimulate, to exalt functional activity, to remove any thing which inhibits conduction, to overcome obstruction, and to modify abnormal nutrition-changes. The casual as well as the symptomatic manifestations must be brought under the influence of the current; and, in paralysis or anesthesia, not only must the secondary local effects be treated, but the primary central lesions which caused them must be beneficially modified. Should any obstruction to natural impulses exist at any portion of the nerve-track, this may often be successfully overcome by an electric stimulus, which thus artificially paves the way for subsequent normal impressions, and the consequent repetition of which ultimately ends in the transmission of the healthy functions. Here, also, attempts are made to stimulate depressed functions into normal activity; and, by utilizing the catalytic properties of the current, in modifying nutrition and influencing the trophic elements of the tissues, to facilitate the absorption of morbid products, and to promote the return of healthy structure. On these principles, there is obviously a large series of symptoms and diseases capable of being rationally submitted to the electric current, and it is probable that many of them receive more benefit from this method of treatment than from any other.

In the class of disorders characterized by excessive functional activity, there are pain, spasm, contracture, and their allied affections. Here, also, we are generally ignorant of the seat and nature of the primary lesion; but we assume the symptoms to be due to some molecular, or so-called functional derangement, the objective existence of which, however, we are unable to demonstrate. But, whatever may be the cause, the special property of the electric current, applied in a certain manner, is to relieve motor and sensory super-excitability, not only at the time of application, but often permanently afterward;

and, if this influence be maintained, the nutrition is so modified as to result in the entire removal of the disease itself. These sedative and alterative effects of the electric current obviously suggest its employment in a vast variety of morbid conditions.

Finally, the tonic, modifying, or catalytic actions of electricity may be employed in many local and general diseases. As has been already stated, the effects are supposed to be due to the influence the current exercises on the nutrition of the tissues, the modification of the trophic functions, the alteration in the circulation, and the stimulation of the absorptive processes. Of the exact nature of these actions we know nothing, and we are equally ignorant of the precise pathological conditions for which they are applied ; and practical experience alone indicates their utility. Hence electricity has with advantage been employed in local ailments, as in rheumatism, gout, joint-affections, skin-diseases, chronic inflammations, and so on. So, also, in more general maladies, on the same principles, it has been found beneficial, as in hysteria, neurasthenia, chorea, general debility, and in a variety of other miscellaneous constitutional disorders. It is especially among the neuroses and so-called functional derangements, in other words, in those diseases characterized by much suffering and distress, without demonstrable tissue-change to account for them, that the greatest triumphs of electrical treatment are to be found.

Chronic Dysentery Treated by Voluminous Enemata of Nitrate of Silver.—Dr. Stephen Mackenzie, in a paper on this subject, in the British Medical Journal, says the mode of procedure he adopted was as follows: The quantity of nitrate of silver to be used was dissolved in three pints of tepid water in a Leiter's irrigating funnel, which was connected by india-rubber tubing with an esophageal tube with lateral openings. The patient was brought to the edge of the bed and made to lie on his left side, with his hips well raised by a hard pillow. The terminal tube, well oiled, was passed about eight or ten inches into the rectum, and the fluid allowed to force its way into

the bowel by gravitation. The injection rarely caused much pain, and often none. It usually promptly returned; but, when long retained, it was advisable to inject chloride of sodium to prevent absorption of the silver-salt. Various strengths had been used, from thirty to ninety grains in three pints of water but usually one dram of nitrate of silver was employed. The treatment was based on the view that whatever the nature of dysentery, whether constitutional or local, in the first instance, the later effects were due to inflammation or ulceration of the colon, which was most effectually treated, as similar conditions elsewhere, by topical measures. Sometimes one, sometimes two injections were required, and in some cases numerous injections were necessary; but in all the cases thus treated, many of which had been unsuccessfully treated in other ways previously, the disease had been cured. In most cases other treatment was suspended, but in some Dover's powder or perchloride of iron, which had been previously administered, was continued or subsequently prescribed. The cases narrated were these: (1) One in which the disease had lasted several years, on and off; two injections were used, and the case was cured in six weeks. (2) Second attack, duration uncertain; four injections used; cured in five weeks. (3) Duration two months; two injections used; cured in three weeks and a half. (4) Duration five years; one injection used; cured in three weeks. (5) Duration eighteen months; two injections used; cured of dysenteric symptoms, but remaining under treatment for diabetes. (6) Duration fourteen months; one injection used; cured in seven weeks. The treatment laid no claim to novelty.

The Treatment of Stammering.—A correspondent in the London Lancet writes that stammering may be cured by simply making an audible note in expiration before each word. Stammerers can sing as easily as other persons. Jackey Broster, of Chester, who made a large fortune by curing stammering, simply made his pupils say *her* before each word beginning with a consonant.

Notes and Queries.

1885.

The year of grace from which, its icicles still clinging to our beard and its snow to our garments, we are just emerged, has been also a year of sorrows, and hard upon the Doctors; taking away some of the best-beloved; some of the most eminent; some whom the profession and the world could ill spare. Of every human cycle the same may be said. But, as the stricken child is nearest the maternal heart, so the year of bereavement next preceding is always saddest, with its fresh graves and griefs, its wounds unhealed, and its frowning aspects still lowering upon us as, ghost-like, it fades, dies, and resolves itself into a lesson and a memory.

It is with more than common melancholy, yet with a kind of satisfaction, that we transcribe the following passage from a letter but just now received from the Hon. Henry Watterson, the editor of the Courier-Journal: "I was out of town when Lunsford Yandell died, and felt the shock without experiencing those keen heart-throbbings which presence with the dead and immediate personal intercourse of its awful reality convey through all the senses to the great, eternal source of human feeling. But since my return to home and work, and especially since the coming of winter, which somehow brings us oftener and closer together, I have caught myself constantly missing him, looking for him and all of a sudden remembering that he is dead and wondering how it can be. I had a very sincere affection for him; but the closer intimacy between you and me had the effect to place him in the category of a younger brother, where he nowise belonged, for in point of age he was a trifle my senior. Howbeit, such was the fact, and yet—must I confess it?—the latter years of

his life I saw him growing larger and broader, and gaining in public respect, until I said to myself, 'He is going to pass both of us.' And so he would, dear David, if God had spared him; whereat we should take a lesson and a warning, for what is there worth living for, or worth striving for, that should accompany old age, but

'Honor, love, obedience, troops of friends,'

such as he was surely drawing about him? I regret now, when it is too late, that I did not give him some clearer mark of the thorough appreciation in which I held him, and the homage which my sense of justice constantly paid his genius and his worth."

This of the growing and the broad man who went in the early months of the year. Soon after followed one of his venerated masters, the great Pennsylvanian, Dr. Gross. Almost on the same day the gentle and the graceful Parker passed away; then the warm-hearted, genial Dugas; and Ross, brave, generous, and self-sacrificing; and Bemiss, sturdy, thoughtful, and true. And in the meanwhile scores of fellow-workers of lesser name and fame than these, but worthies nevertheless, each useful while living, and mourned when dead, "went over to the majority." And finally, almost, indeed, as these lines were being penned, Theodore Bell, the zealous, the learned, the single-minded devotee of the sciences was called to his reward.

If long life be a blessing, as in the examples we have named it undoubtedly was, Lunsford Yandell missed the good fortune of his eminent seniors. He had not reached his fiftieth year, being just turned forty-seven. Mr. Watterson is right in saying that the most useful part of his career had but fairly begun when he passed away.

Yet it will not be a great while before all of us shall follow. The old Roman maxim declared that there are no cycles with the dead. All are co-temporaneous; and, as Lunsford Yandell stands side by side with Gross and Bell, so shall we all. It is this assurance that takes from death its sting, and robs the grave of its victory. The young only think they are immortal; the

middle-aged and the aged know they are not, and to such as feel the consciousness of duty done in this world, the approaches of the world to come have no terrors.

The medical profession is too familiar with death and its dread sufferings to look upon it as other than a passing away, a mere transmission into another sphere.

The old year has just died; the new year is just born, and as surely must die. Let all of us take comfort and be of good cheer. Let us enjoy life while it lasts, and prepare to surrender it without repining. Let none lose heart and hope, but stand by his colors to the end. And so may each of us grow in grace; and may the honor of the cloth lose nothing of its cleanliness for our wearing.

NINTH INTERNATIONAL MEDICAL CONGRESS.—The Committee on Organization of the Ninth International Medical Congress, to be held in the United States in 1887, met in Washington, D. C., on November 29, 1884, for the determination of the general plan of the Congress, the election of officers of the committee, who will be nominated to fill the same offices in the Congress, and the consideration of questions of finance.

The following rules were adopted:

1. The Congress will be composed of members of the regular medical profession who shall have inscribed their names on the register of the Congress, and shall have taken out their tickets of admission. As regards foreign members, the above conditions are the only ones which seem at present expedient to impose.

The American members of the Congress shall be appointed by the American Medical Association, by regularly organized State and local medical societies, and also by such general organizations relating to special departments and purposes as the American Academy of Medicine, the American Surgical Association, the American Gynecological, Ophthalmological, Otological, Laryngological, Neurological, and Dermatological societies, and the American Public Health Association; each

of the foregoing societies being entitled to appoint one delegate for every ten of their membership.

The members of all special and subordinate committees, appointed by the General Committee, shall also be entitled to membership in the Congress, together with such other persons as may be specially designated by the Executive Committee.

All societies entitled to representation are requested to elect their delegates at their last regular meeting preceding the meeting of the Congress, and to furnish the Secretary-General with a certified list of the delegates so appointed.

2. The work of the Congress is divided into eighteen Sections, as follows, viz: (1) Medical Education, Legislation and Registration, including methods of teaching, buildings, apparatus, etc., connected therewith; (2) Anatomy; (3) Physiology; (4) Pathology; (5) Medicine; (6) Surgery; (7) Obstetrics; (8) Gynecology; (9) Ophthalmology; (10) Otology; (11) Dermatology and Syphilis; (12) Nervous diseases and Psychiatry; (13) Laryngology; (14) Public and International Hygiene; (15) Collective Investigation, Nomenclature, and Vital Statistics; (16) Military and Naval Surgery and Medicine; (17) Experimental Therapeutics and Pharmacology; (18) Diseases of Children.

3. The general meetings will be reserved for the transaction of the general business of the Congress and for addresses or communications of scientific interest more general than those given in the sections.

4. Questions which have been agreed upon for discussion in the sections shall be introduced by members previously nominated by the officers of the section. The members who open discussion shall present a statement of the conclusions which they have formed as a basis for debate.

5. Notices of papers to be read in any one of the sections, together with abstracts of the same, must be sent to the secretary of that section before April 30, 1887. These abstracts will be regarded as strictly confidential communications, and will not be published until the meeting of the Congress. Papers relating to questions not included in the list of subjects suggested by

the officers of the various sections will be received. Any member, after April 30th, wishing to bring forward a subject not upon the programme, must give notice of his intention to the Secretary-General at least twenty-one days before the opening of the Congress. The officers of each section shall decide as to the acceptance of any communication offered to their section, and shall fix the time of its presentation. No communication will be received which has been already published or read before a society.

6. All addresses and papers, read either at general meetings or in the sections, are to be immediately handed to the secretaries. The Executive Committee, after the conclusion of the Congress, shall proceed with the publication of the Transactions, and shall have full power to decide which papers shall be published, or whether in whole or in part.

7. The official languages are English, French, and German. No speaker shall be allowed more than ten minutes, with the exception of readers of papers and those who introduce debates, who may occupy twenty minutes.

8. The rules, programmes, and abstracts of papers will be published in English, French, and German. Each paper or address will appear in the Transactions in the language in which it was delivered by the author. The debates will be printed in English.

9. The officers of the General Committee on Organization are a President, three (3) Vice-Presidents, a Secretary-General, and a Treasurer, and those elected to these positions will be nominated by the General Committee to hold the same offices in the Congress. All vacancies in these offices shall be filled by election.

10. There shall be an Executive Committee, to be composed of the President, Secretary-General, and Treasurer of the General Committee, and of four other members, to be elected by the General Committee. The duties of the Executive Committee shall be to carry out the directions of the General Committee; to authorize such expenditures as may be necessary,

and to act for the General Committee during the intervals of its sessions, reporting such action at the next meeting of the General Committee.

11. There shall be a Standing Committee of Finance, composed of five members, to be appointed by the President, subject to the approval of the Executive Committee.

12. Those who are elected as chairmen of the several sections shall be thereby constituted members of the General Committee.

The officers elected are as follows:

President—Dr. Austin Flint, sr., of New York.

Vice-Presidents—Dr. Alfred Stillé, of Philadelphia; Dr. H. I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada.

Secretary-General—Dr. J. S. Billings, U. S. Army.

Treasurer—Dr. J. M. Browne, U. S. Navy.

Members of The Executive Committee (in addition to the President, Secretary-General, and Treasurer.)—Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

The Executive Committee will proceed at once to complete the work of organization.

A MUNIFICENT GIFT—ONE HUNDRED AND TWELVE THOUSAND DOLLARS FOR AN INFIRMARY.—The following letter tells, in few and simple words, how a noble thought took its rise in the breast of a poor young man when sick and among strangers—how it grew, and finally how it was embodied and expressed in a beautiful and durable structure dedicated to the use of the sick. The readers of the AMERICAN PRACTITIONER are familiar with the name of the successful merchant and generous philanthropist who makes the princely gift:

TO THE PRESIDENT AND TRUSTEES OF THE CHURCH HOME AND INFIRMARY.—Gentlemen: It is known to you that what lay in my mind when a sick and suffering young man as a mere hope took in time the shape of a purpose, and this in season grew into a realization. And what once might have been counted as a dream has, in the period afforded by an ordinary lifetime, risen into a reality. It is

that reality which I now offer you in the form of a building, to be called, as you are aware, "The Church Home and Infirmary," to be consecrated to the uses of the white races of every nation and creed, and to be managed by the Episcopal Church. In its construction, neither pains nor expense have been spared in the endeavor to secure all that modern experience has shown to be best calculated to supply the wants and administer to the comforts of its inmates. Henceforth the fortunes of this institution are placed in your hands. Before you assume its control allow me to express two of the many feelings which crowd upon me on this occasion. One is a feeling of joy that the task which I set for myself so many years back has reached completion. The other is a feeling of genuine thankfulness that I have been spared to witness it. Perhaps I should not ask more than this; and yet there remains among the many wishes that arise in my mind two that are very near my heart. One is that you, as the future custodians of the house, will furnish and equip it in a style befitting the purposes for which it was built and in a manner worthy of the church to which it has been given. The other wish is that it be dedicated to the memory of that just and faithful servant of God, my beloved friend and pastor, James Craik, for so long the Rector of Christ Church, to whom and his associate, Rev. John N. Norton, D. D., deceased, I am so much indebted for their interest, zeal, and counsel. My work is now done and yours begins. Let zeal, born of charity, be your guide. That duty is light which is cheerfully borne. "Do what lieth in your power and God will assist thy good will."

Humbly may we hope that He will bless our present work.

Yours. JOHN P. MORTON.

"The people of the Prophet's house killed a goat, and the Prophet said, 'What remaineth of it?' They said 'Nothing but the shoulder; for they have sent the whole to the poor and neighbors, except a shoulder which remaineth.' The Prophet said 'Nay, it is the whole goat that remaineth except its shoulder; that *remaineth which they have given away, the reward of which will be eternal,* and what remaineth in the house is fleeting.'" (Mohammed.)

THE REVIVAL OF OVARIOTOMY.—Sir Spencer Wells, in a recent address on this subject (British Medical Journal) said: Before 1858 the operation, like all good things, had been of

slow growth. One hundred years ago it was but a germ that might be described in a lecture by John Hunter. Ten years later it was seed that fell from the hand of Bell. In little more than another decade it germinated as a living vitalizing reality in Kentucky. Sixty years ago it was transplanted to the land of its philosophical conception. In twenty years more we find it a sapling on English soil—growing slowly at first, and up to 1858 looking as if it might prove no more than a withering gourd. But by 1865 its roots had struck firm, its stem stood erect, its branches were wide and strong, known and sought as a refuge by the sick and dying. That it was no withering gourd has been proved by all that the world has since seen. Thousands of perishing women have been rescued from death; many more thousands of years of human life, health, enjoyment, and usefulness have been given to the race; and to all future victims of a malady before inevitable in its fatality, it gives consolation, hope, and almost certainty of cure.

A $500,000 GIFT.—Mr. William H. Vanderbilt recently gave $500,000 to the College of Physicians and Surgeons of New York. He says, in a letter accompanying the gift, "The health, comfort, and lives of the whole community are so dependent upon skilled physicians that no profession requires more care in preparation of its practitioners. Medicine needs a permanent home, where the largest opportunities can be afforded for both theory and practice. It seems wiser and more practical to enlarge an existing institution which already has great facilities, experience, and reputation, than to form a new one. I have therefore selected the College of Physicians and Surgeons because it is the oldest medical school in the State and of equal rank with any in the United States."

INTERNATIONAL MEDICAL CONGRESS.—The ninth meeting of this body will be held in Washington, in 1887. We publish on another page a note of the proceedings of the committee engaged in organizing the next session. It will be observed

that Dr. Austin Flint has been chosen President, and Dr. Billings made Secretary-General. Better selections could not have been made. The honor conferred upon Dr. Flint will everywhere be regarded as richly merited. The selection of Dr. Billings for the arduous, responsible, and engrossing position of Secretary-General was, by reason both of his fame and great administrative abilities, almost a foregone conclusion.

The meeting was well attended and its several acts give earnest of the ability of the committee to carry its intricate labors to a completion worthy of the dignity of the great event.

G. P. PUTNAM'S SONS will soon publish, by arrangement with the Vienna publisher, a translation prepared by Dr. Barney Sachs, with the authorization of the author of Dr. Mynert's great work, a "Treatise on Psychiatrie." The first part of the work, devoted to the anatomy and physiology of the brain, the publishers hope to have ready by the beginning of the new year. The work will be fully illustrated.

BEQUEST TO THE MASSACHUSETTS GENERAL HOSPITAL.—The late Francis P. Hurd, of Wakefield, Mass., bequeathed $10,000 to the Massachusetts General Hospital.